



17249CIPDIX

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Kenneth E. Kadziauskas et al.  
Serial No: 10/690,203  
Filed: October 20, 2003  
For: PHACO THERMAL CONTROL  
APPARATUS AND METHOD  
Art Unit: 3762  
Examiner: Patricia Bianco

**PRELIMINARY AMENDMENT**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Prior to substantive examination in the present divisional application, it is respectfully requested that the following be entered in the present application.

**Amendments to the claims** are reflected in the listing of claims which begins on page 2 of this paper.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication to Deposit Account No. 502317.

11/08/2005 EAYALEW1 00000007 502317 10690203

01 FC:1201 1400.00 DA  
02 FC:1202 800.00 DA

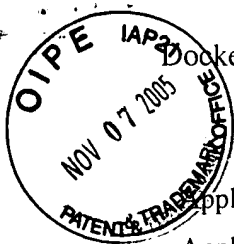
Dated: 11/4/05

Respectfully submitted,

Advanced Medical Optics

By: David Weber

David Weber  
Registration No. 51,149  
Agent of Record  
Customer No. 33357  
(714) 247-8232

**AMENDMENT/RESPONSE TRANSMITTAL**

Applicants : Kenneth E. Kadziauskas et al.  
 Appl. No. : 10/690,203  
 Filed : October 20, 2003  
 For : PHACO THERMAL  
 CONTROL APPARATUS  
 AND METHOD  
 Examiner : Unknown  
 Group Art Unit : 3763

**CERTIFIED MAIL**

I hereby certify that on **November 4, 2005**, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Preliminary Amendment in 5 pages.
- (X) Postage-paid return postcard

**Filing Fees:**

<b>FEE CALCULATION</b>				
<b>FEE TYPE</b>		<b>FEE CODE</b>	<b>CALCULATION</b>	<b>TOTAL</b>
Basic Utility		1001 (\$300)		Paid
Search Fee		1111 (\$500)		Paid
Examination Fee		1311 (\$200)		Paid
Total Claims	36 - 20 =	1202 (\$50)	16 x 50 =	\$ 800
Independent Claims	10 - 3 =	1201 (\$200)	7 x 200 =	\$1400
<b>TOTAL FEE DUE</b>				<b>\$ 2200</b>

**Method of Payment of Fees**

Charge Account No. 502317 in the amount of **\$2200.00**.

**Authorization to Charge Additional Fees**

Commissioner is hereby authorized to charge any fees, late fees, or surcharges by this paper and during the entire pendency of this application under 37 C.F.R. 1.16 and 1.17 to Account No. 502317.

Respectfully Submitted,

Date: November 4, 2005

David Weber  
 Registration No. 51,149  
 Agent of Record  
 Customer No. 33357  
 (714) 247-8232